



Iowa Head Start Association

Annual Report 2005

Head Start in Iowa

Contents

Introduction	1
Head Start Programs & Children	3
Head Start Health & Disability Services	4
School Readiness	6
Head Start Families	8
Head Start Quality Staff	9
Helping Iowa Fulfill Its Vision for Early Childhood	10
National Priorities	13
Head Start Collaborations	14
Iowa Head Start Strengthening the Future	16
Endnotes	16
Map: Head Start & Early Head Start Programs by County & Agency	17

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REPORT DEVELOPMENT TEAM

Kathie Readout, Mid-Iowa Community Action, Inc. (Marshalltown); Kim Young-Kent, Tri-County Children and Family (Waterloo); Dianne Halverson, Northeast Iowa Community Action Corporation (Decorah); Tom Rendon, Iowa Head Start State Collaboration Office, Iowa Department of Education.

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Introduction

The Iowa Head Start Association and the Iowa Head Start State Collaboration Office are pleased to present our 2005 annual report. This report describes the work of all Iowa-based Head Start and Early Head Start programs, the services offered and the results for individual families, the early childhood system and the future of the State of Iowa.

WHAT IS HEAD START?

Head Start and Early Head Start comprehensive child development programs serve low-income children 0-5 and their families, including pregnant women. Authorized under the Federal Economic Opportunity Act of 1964, Head Start addresses children and their families with the overall goal of improving school readiness and preparing young children for future success. Early Head Start, established by the 1994 reauthorization of the Head Start Act, extends vital services to low-income, pregnant women and families with infants and toddlers. In 2005, Head Start celebrated its 40th anniversary.

Head Start and Early Head Start grantee and delegate agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, and mental health; nutrition; parent involvement; and family development. The entire range of Head Start services is responsive and appropriate to each child's and family's development, ethnic, cultural, and linguistic heritage and experience.

Head Start has a long tradition of delivering comprehensive, high quality services. Nationally, more than 20 million children have received services since its inception. The recently released Head Start Impact study, the first study to assess the impact of Head Start using a randomized control research model, found positive impacts in the areas of pre-reading, pre-writing, vocabulary, parent reports of children's literacy skills, access to health care, higher use of educational activities by parents and less use of physical discipline.¹

For fiscal-year 2006, Head Start was funded at \$6.8 billion and served 1,065,225 Head Start and Early Head Start children and their families nationwide.² In Iowa, 13 Early Head Start and 18 Head Start grantees served 9,674 children and their families during the 2004-2005 program year. Federal funding of approximately \$51 million supported these Iowa programs. The Iowa Head Start Annual Report summarizes the information about Head Start and Early Head Start in Iowa using 2004-05 Program Information Report (PIR) data, results from the most recent National Reporting System assessment, and other information.

HEALTH AND HEAD START

Pancho's Story

On a summer morning in 1966, Ruth Scheffer knocked on the door of a small house in Nipomo, California. She was making a home visit, and this morning she was there to see Pancho, a four year-old boy enrolled in the new Head Start program in his town. The federal program had just been launched one year earlier.

"I had no idea what it was, but it was very apparent to me that there was something dreadfully wrong with this child," Ruth Scheffer recalled. "He was very small. He seemed to be like a little wizened elf. He didn't look like a regular little boy."

Even before standards were put into place that would require a physician's examination, Ruth asked Pancho's parents if a doctor had ever seen the boy. When they said, no, Ruth got an appointment that day. The doctor diagnosed young Pancho with myxedema, underactivity of the thyroid gland. The illness means only small amounts of the thyroid hormone are released and all chemical processes in the body slow down. Patients feel tired and worn out. Simple mental tasks are difficult. The hair becomes thin, dry and lifeless. The doctor prescribed a hormone substitute in the form of a pill that Pancho began taking immediately.

"Within six week's time we saw this child change in front of our eyes into a normal boy," Ruth exclaimed. "It was beyond what any of us had a right to expect."

Forty years later, Pancho Mansera, now a construction worker with three teenagers, stood before a crowd in Washington, D.C., as living testimony to the efficacy of Head Start and the value of early health intervention.

The Head Start Impact study found positive impacts in pre-reading, pre-writing, vocabulary, access to health care, parents' use of educational activities, and less use of physical discipline.

"[Head Start]
represents ... what
is best about this
country."

—Sharon Lynn
Kagan, Ph.D.,
Columbia
University

Pancho told the group, "I remember being sick in my Head Start classroom and did not want to participate in anything." But after taking medication, even as a young boy he remembered how it made a difference. "I was full of life and happy about my surroundings and wanted to do everything especially riding bikes and playing games with the other children. I also became interested in learning."

Once Pancho was healthy, he began to be physically active. Once he was physically active, he began to socialize with other children. Once he began to socialize with other children, he became interested in learning. There was the vision of Head Start's commitment to comprehensive services. As he told the Washington audience, "Head Start prepared me for every part of my life."

Then he issued a challenge: "Every day there is another Pancho in the world looking for another chance."

Health Standards

Pancho's story reminds us of the importance of early health services. Their effects literally last a lifetime. Head Start's overall mission is to help children from low-income families start school ready to learn—to be ready to learn, young children need to be healthy.

The comprehensive approach dates back to the earliest years of Head Start. The Cooke Committee, named for the committee chair, Johns Hopkins Professor and Chairman of Pediatrics, Dr. Robert Cooke, recommended a comprehensive early care and education program to promote optimal physical health, emotional and social development, cognitive development, and a sense of responsibility, dignity, and self-worth for each child and family.

Today, those recommendations are codified in the Head Start Program Performance Standards that require a medical evaluation, dental examination, and a screening for developmental, sensory and behavioral concerns. They tell programs that they must collaborate with families on early identification of health and developmental issues. Program staff must connect families to a medical and dental home; support parent involvement in health care; develop individualized health plans; secure immunizations and assist in accessing insurance; and assure needed follow-up treatment. The standards address other preventive measures such as proper nutrition and a safe environment.

Head Start in Iowa Meets the Standards

The information on pages 4 and 5 provides the evidence that Head Start programs in Iowa meet these high standards. More than 90 percent of children have an ongoing source of continuous, accessible medical care and are up-to-date on a schedule of age-appropriate preventive and primary health care. More than 80 percent of children have had a dental exam and have a dental home. These percentages are higher than national averages, and higher than nearly every state bordering Iowa.

Head Start assures delivery of services otherwise unavailable. For example, data from a 1996 Department of Health and Human Services report show that in 1993 only 1 in 5 children covered by Medicaid actually received preventive services, and no states provided preventive services to more than 50 percent of eligible children.³ Another more recent report shows that only 1 in 4 Medicaid eligible children receive preventive services.⁴ This is not true of Head Start children, most of whom are Medicaid eligible. Being in Head Start more than triples a child's chances of receiving such services. We are three times as likely in Iowa to catch another Pancho and set him on the road to a healthy and successful head start.

Health Services Are Educational Services

Pancho remarked during the 40th anniversary, "When I got to kindergarten, I was so excited to be learning right along with the other children. And I was so happy to be playing games right along with the other children." His comment points to the seamless boundary between education and health services. Head Start, from the Cooke Committee on down, understood that preparing children from disadvantaged backgrounds for school meant addressing the full array of child development domains: physical, cognitive, emotional and social. Iowa's Early Learning Standards point to the same broad development. Health services should be considered an essential element in any program serving young children. It may also explain why early childhood expert Sharon Lynn Kagan, Ph.D., has said, "[Head Start] represents not just what is best about early childhood, but what is best about this country."

Head Start Programs & Children

Head Start programs are located throughout the state and housed in community-based organizations, faith-based organizations, schools and other non-profit organizations. Every Iowa Head Start and Early Head Start program operates under federal Head Start Program Performance Standards and are reviewed every three years by a team under the leadership of the Administration for Children and Families. The eighteen Head Start programs operate 431 Head Start or Early Head Start classes.

In 2005, 67 percent of children enrolled were eligible based on family income below 100 percent of the Federal Poverty Level. That meant that a family of four needed to earn less than \$19,350 to qualify. An additional 31 percent of children who were enrolled qualified because their families received public assistance. The balance of children enrolled qualified based on their status as children in foster care or the allowable 10 percent of over-income children. Full-year and/or full-day child care was needed for 4,772 children enrolled in Head Start and Early Head Start (49%) because their parents were either working or enrolled in job training programs. Child care subsidy was received by 1,039 children, approximately 11 percent of the total number of children enrolled in the program. Seventy-eight percent of programs made available child care services that are "wrapped around" Head Start programs through funding from the Iowa Department of Human Services using dollars from the federal Child Care Development Block Grant. For the first time in Iowa's history, Latino enrollment in Head Start surpassed other ethnic minority groups (fig. 3).

IOWA HEAD START AGENCIES BY TYPE

Community Action Agency (CAA)	15
Community Non-profit (non-CAA)	2
University	1

FIGURE 01 Actual Enrollment by Age

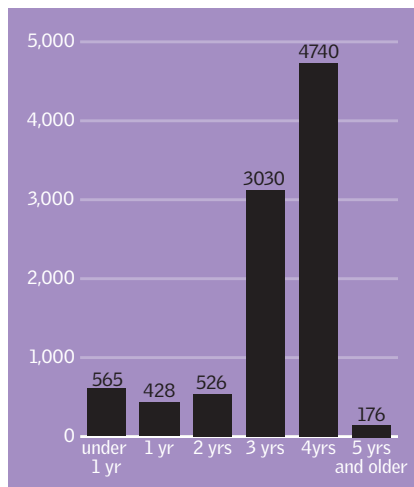


FIGURE 02 Actual Enrollment by Ethnicity

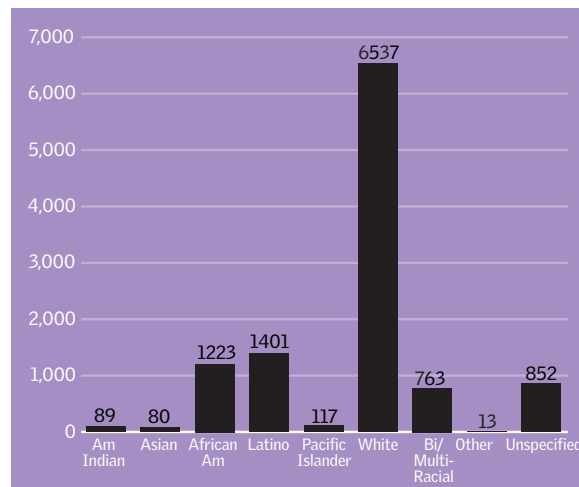
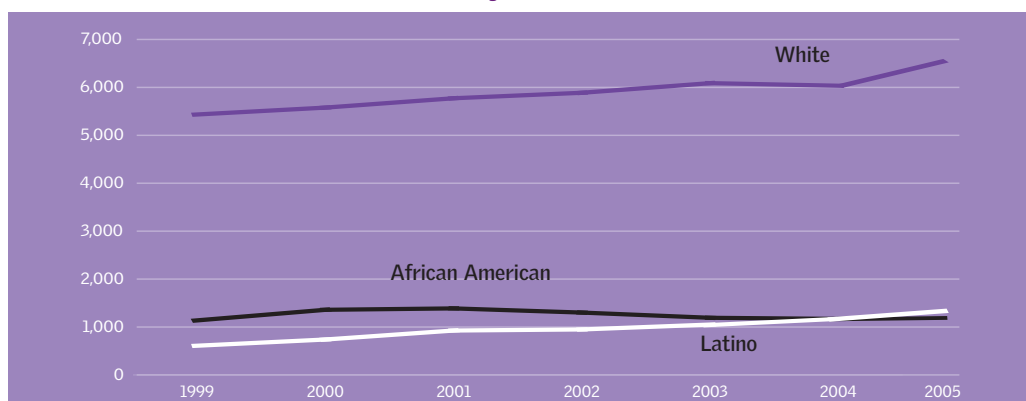


FIGURE 03 Iowa Head Start Enrollment Trends Among African American, Latino and White Children



Source: PIR 2005



A family of four needed to earn less than \$19,350 to qualify for Head Start.

Head Start Health & Disability Services



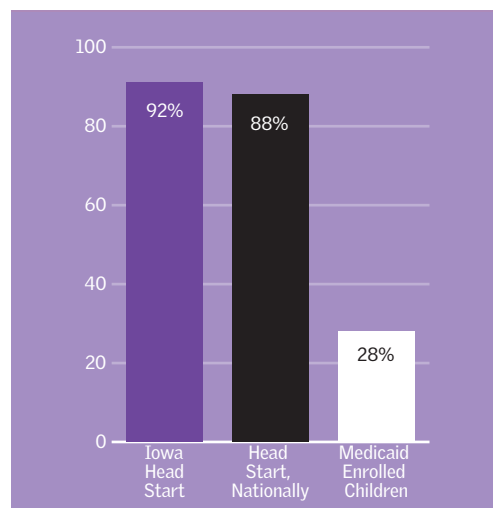
Head Start has an impressive history of providing services to children with disabilities.

Head Start's commitment to wellness embraces a comprehensive vision of health for children and their families. Head Start and Early Head Start programs, through collaboration among families, staff and health professionals, assure all child health and developmental concerns are identified. Children and their families are linked to continuous, accessible care to meet their basic health needs. Each child visits a health care provider, on a schedule of preventive and primary health care, to ensure that problems are quickly identified and addressed. Early identification and treatment of health problems reduce complications and improve health outcomes.

During the 2004–2005 program year, 94 percent of children were connected to an ongoing source of continuous and accessible health care. To compare this with a similar population of children of low income, consider that 92 percent of Iowa Head Start children were screened for health and development, whereas a 1997 study found only 28 percent of children nationwide enrolled in Medicaid managed care were up-to-date in required screenings, and an estimated 60 percent received no screenings (fig. 4).⁵ Or consider that an audit of records for two-year old children seen at public sector clinics, showed that 94% were up to date on all immunizations whereas among Head Start children 97% were up to date.⁶ Even though Head Start children typically come from families below the poverty level, their rate of insurance coverage is higher than the national average for Head Start children and exactly the same as all Iowa children (fig. 6). In 2005, Iowa Head Start programs increased the percentage of children receiving dental examinations by 10 percent. Overall, as shown in fig. 7, Head Start ensured children received dental examinations at much higher percentages than other children from low-income families.

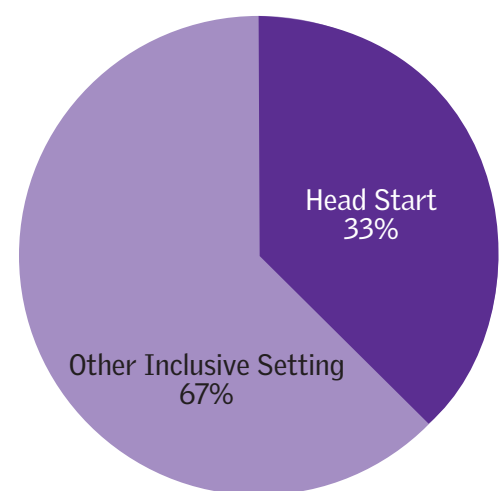
Head Start also has an impressive history of providing services to children with disabilities by supporting their inclusion in all classroom and program experiences. Since 1972, Head Start has operated under a mandate to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. Head Start and Early Head Start programs partner with Area Education Agencies (AEAs) and public schools to design individual education plans for children with disabilities and provide services to promote each child's development.

FIGURE 04 Percentage of Children Completing All Medical Screenings



SOURCE: 2005 HS PIR Comparison data from 1996 Medical Expenditures Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ), reported in General Accounting Office. (2000). *Dental Disease is a Chronic Health Problem Among Low-Income Populations*. Washington, DC: CLASP. Cited in Irish, Schumacher, and Lombardi (2005) "Head Start Comprehensive Services: A Key Support for Early Learning for Poor Children," CLASP Policy Brief #4, Washington, D.C.: Center for Law and Social Policy.

FIGURE 05 Where Iowa Children with Disabilities in Inclusive Settings Are Served



SOURCE: 2005 HS PIR and Iowa Department of Education

Children served in Head Start classrooms are considered to be served in inclusive settings, where children with special needs and their typically developing peers play and learn together. In Iowa, Head Start provides that inclusive setting for 1,018 children on Individualized Education Plans (IEPs). Based on the new Individuals with Disabilities in Education Act (IDEA), Iowa plans to increase the number of children in inclusive settings. In 2005, of the 2,591 children ages 3–5 in Iowa served in inclusive settings, Head Start provided the inclusive settings for 33% of them (fig. 5). In a separate study by Iowa State University of Iowa full-inclusion classrooms serving preschool children using subscales of the Early Childhood Environmental Rating Scale, Head Start classrooms scored higher than low inclusion classrooms on activities (i.e., curriculum), staff and families and the literacy subscale on the ECERS-E. Head Start classrooms scored in the good to excellent range in the Interaction and the Staff & Parents subscales.⁸

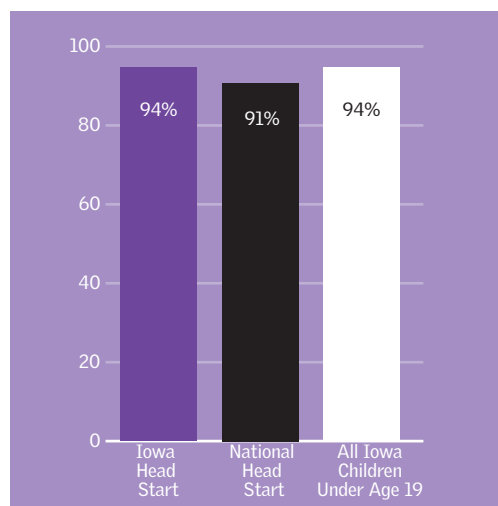
Because Head Start is able to get children the services they need when they are younger, these children are less likely to use special education services in public school, reducing state and federal costs for these programs.⁷

Head Start and Early Head Start programs provide developmental, sensory and behavioral screenings for children during enrollment. During the 2004-2005 program year, 11 percent of children in the program had a diagnosed disability, nearly all of whom (94%) received services or special education under IEPs or Individualized Family Service Plans.

Ninety-one percent of enrolled children (8,593 children) completed screenings for developmental, sensory and behavioral concerns, an increase of five percentage points from the 2003–2004 program year. Of this number, 1,475 were identified as needing a follow-up assessment or formal evaluation. These data reflect the important process of early identification of special needs and ensures that children receive appropriate services to support their continued development.

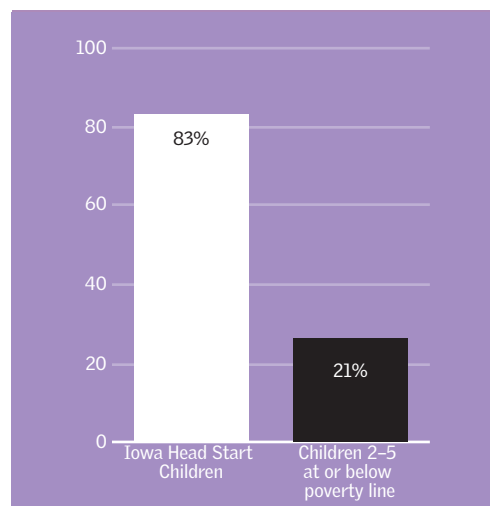
Ninety-one percent of enrolled children completed screenings for developmental, sensory and behavioral concerns.

FIGURE 06 Percentage of Children with Health Insurance



SOURCE: 2005 HS PIR. Comparison data from Damiano, et al., 2005, "Health Insurance Coverage of Children in Iowa," Iowa City, Iowa: Public Policy Center, University of Iowa.

FIGURE 07 Dental Examinations

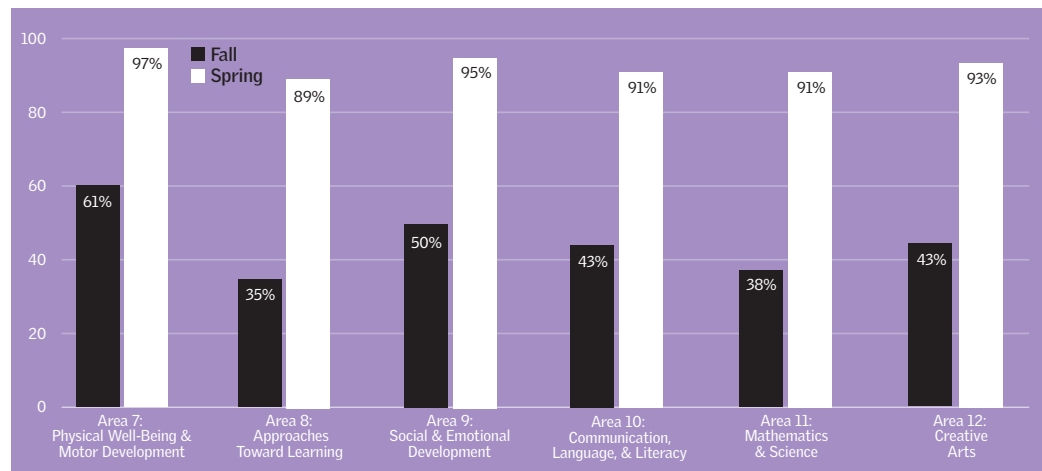


SOURCE: 2005 HS PIR. Comparison data from a 1997 HHS report cited in General Accounting Office (2001), U.S. General Accounting Office.(2001), Medicaid: Stronger Effects Needed to Ensure Children's Access to Health Screening Services, and reported in Irish, Schumacher, and Lombardi (2005) "Head Start Comprehensive Services: A Key Support for Early Learning for Poor Children," CLASP Policy Brief #4, Washington, D.C.: Center for Law and Social Policy.

School Readiness

In 2005, Iowa published its **Early Learning Standards**, which closely align with Head Start Child Outcomes Framework.⁹ Using data from a 2004 report analyzing Creative Curriculum child assessment, Head Start in Iowa can demonstrate that it is supporting the development of children in all of the domains of the Iowa Early Learning Standards.¹⁰ The graph below (fig. 8) summarizes the results of child assessments from 50 criteria, reorganized under the six Iowa Early Learning Standards areas for children 3 to 5 years old.

FIGURE 08 **Percentage of 4-to-5-year-olds in Head Start demonstrating proficiency in six areas of Iowa's Early Learning Standards**



Growth occurred for children entering kindergarten, independent of enrollment in part-day or full-day programs. Overall, between the fall and spring assessments, 92 percent of the Head Start children were assessed at the Step II or Step III level of development.

NATIONAL REPORTING SYSTEM

The new 2005 data from the Head Start National Reporting System (NRS) provide more evidence that Head Start is generating strong learning outcomes for children. The NRS assessment was administered in the fall 2004 and spring 2005. Every Iowa Head Start program assessed 4 and 5-year-old children (3,769 in all) who were scheduled to begin kindergarten in the fall of 2005.

Significant gains are apparent in the four areas of assessment: oral language, receptive vocabulary, letter-naming and early math skills (figs. 9–12). In all tests, Iowa Head Start children performed as well or better than their national peers even when beginning the fall with lower average scores. Iowa programs also made improvements in vocabulary and letter-naming over 2004 levels by margins of 5 percent and 4 percent respectively. By the end of the year, nearly two-thirds of children showed "proficient" skill levels in all areas (four-fifths in oral language, vocabulary and early math skills), that are comparable to typical children (fig. 13). This is a remarkable achievement considering most Head Start children come from high-risk environments.

Head Start in Iowa can demonstrate that it is supporting the development of children in all of the domains of the Iowa Early Learning Standards.

FIGURE 9 Understanding Spoken English (average)

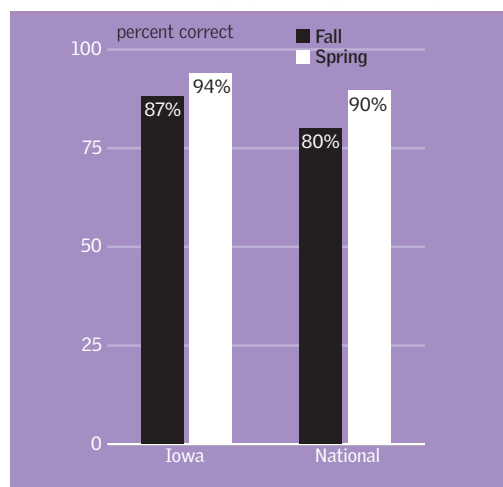


FIGURE 10 Receptive Vocabulary (average)

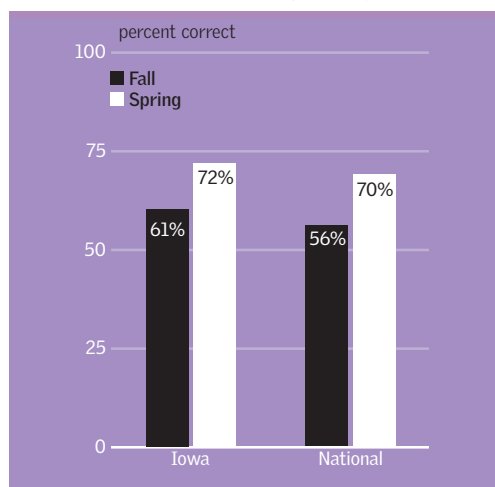


FIGURE 11 Letter Naming (average)

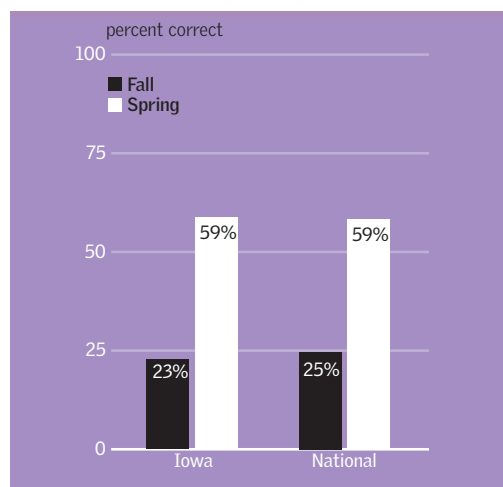


FIGURE 12 Early Math Skills (average)

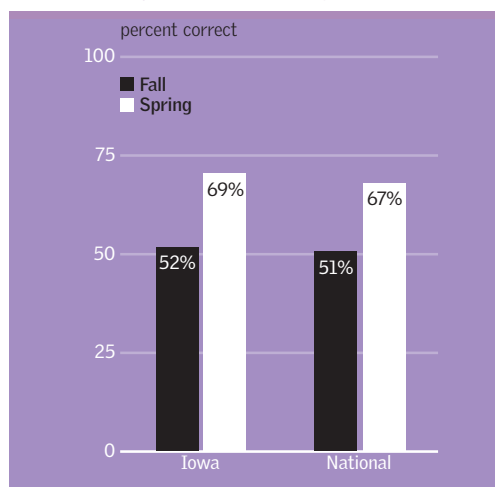
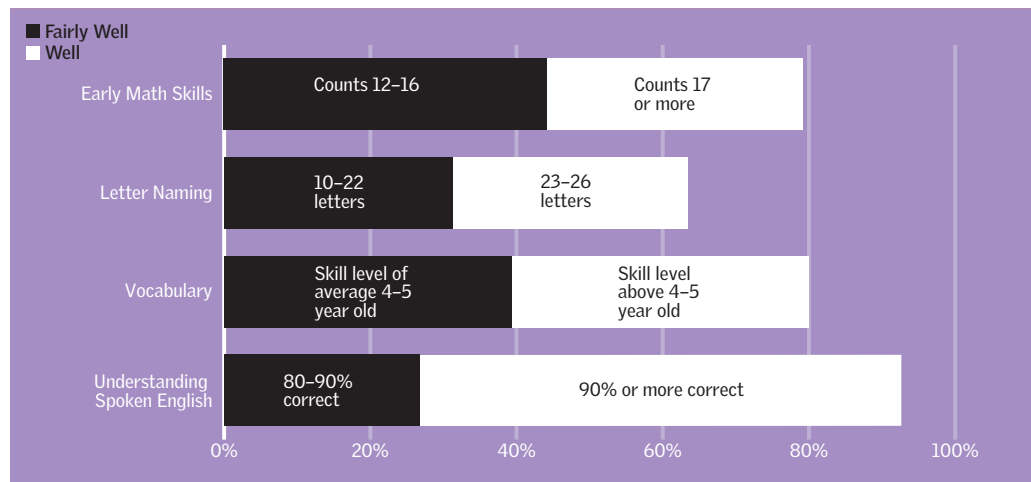


FIGURE 13 Percent of Iowa children performing at proficient levels ¹¹



Source: NRS, 2005



New 2005 data provide more evidence that Head Start is generating strong learning outcomes for children.

Head Start Families



Contrary to stereotypes, many Head Start families are two-parent families.

Head Start recognizes that children develop within the context of their own family and culture.

One of the earliest recommendations for Head Start by the Cooke Committee, was the importance of addressing family needs, and making sure families were part of the governance of local programs. Programs respect parents as the primary educators and nurturers of the child and offer family members opportunities for growth, based on the belief that they are best able to identify their own strengths, challenges and interests, and seek solutions accordingly.

During the 2004-05 program year, Iowa Head Start and Early Head Start programs provided services or referrals for 8,930 families. Those services included Parenting Education, Health Education (including prenatal education), Emergency/Crisis Intervention, Mental Health Services, Housing Assistance (subsidies, utilities, repairs, etc.), Transportation Assistance, Adult Education (GED programs, college selections, etc.), Job Training, Child Abuse Services, Child Support Assistance, English as a Second Language (ESL) Training, Substance Abuse Prevention or Treatment, Domestic Violence Services, Marriage Education Services and Assistance to Families of Incarcerated Individuals.

Figure 14 shows that contrary to stereotypes, many Head Start families (44%) are two-parent families. Figures 15 and 16 show that most families have at least one family member working.

FIGURE 14 Iowa Head Start Families

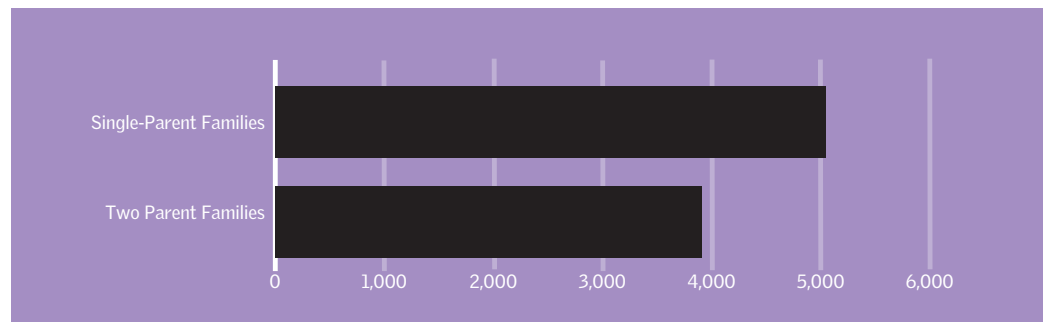


FIGURE 15 Two-Parent Families: 3,894

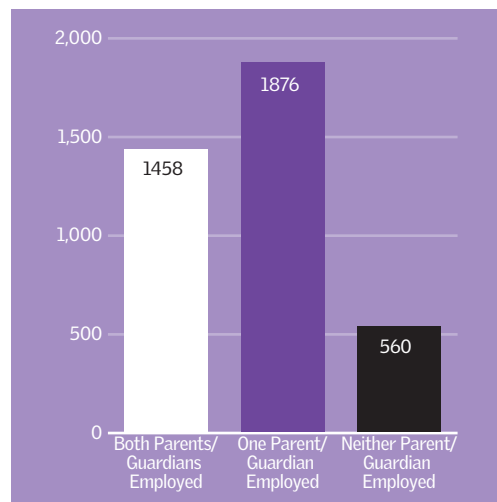
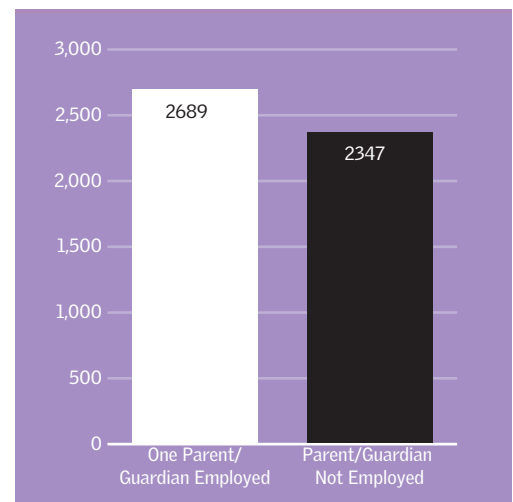


FIGURE 16 Single-Parent Families: 5,036



Head Start Quality Staff

"Quality early childhood services depend on a skilled and stable workforce and adequate resources."

This according to information released by Early Childhood Iowa, a broad system-development effort in the state. National research confirms that teacher compensation, experience and qualifications, most notably the level of teacher education, make a big difference in the lives of children. Better educated teachers have more positive, sensitive and responsive interactions with children, provide richer language and cognitive experiences and are less authoritarian, punitive or detached. Programs with better paid teachers have higher morale and lower turnover, both of which are directly related to enhanced program quality.¹²

When Head Start was reauthorized by Congress in 1998, it required that by 2003, 50 percent of all teachers have at least a 2-year degree or a Child Development Associate credential. By the end of the 2005 program year, 81 percent had at least a two year degree and another 16 percent had a CDA. Though required only to have 50 percent of teachers, Head Start programs in Iowa had 97 percent of their teachers reach this standard. At the same time, 22 percent of all Head Start staff are current or former Head Start or Early Head Start parents.

	Teachers	Asst. Teachers	Home Visitors	Child Development Supervisors	Home-Based Supervisors
TOTAL	484	300	79	70	19
Staff Credentials					
Graduate degree, ECE/related	17	0	4	8	2
Baccalaureate degree, ECE/related	274	41	46	43	14
Associate degree, ECE/related	104	55	12	3	3
CDA credential	65	118	14	10	0
Staff without degrees or credentials					
Enrolled in ECE/ related degree program, but with a CDA/equivalent	23	18	0	6	0
Enrolled in ECE/related degree program, but without a CDA/equivalent	0	30	0	0	0
No CDA/Equivalent but enrolled in any type CDA/equivalent training	0	38	3	0	0

The data in the chart above paints a clear picture of staff quality in Iowa Head Start programs.

The figures below reflect the investment in professional development that has resulted in better-trained staff, lower turnover and increased wages. Head Start staff ranked higher than average on critical indicators of quality. A recent study by Iowa State University reports that child care center teachers in Iowa earn an average annual salary of \$20,316. Assistant teachers earn an average of \$15,115.¹³ The comparable figures for Head Start in Iowa are \$23,770 and \$14,201.¹⁴

Quality Indicators	Iowa Child Care Centers or Preschools	Iowa Head Start Programs
Average staff turnover rate	20%	12%
Percentage of programs that have assistant teachers with bachelor's degrees	16%	53%
Percentage of programs that have teachers with bachelor's degrees	48%	87%

Source: Iowa State University, "Benefits, Rewards & Support: Incentives to Build Quality & Reduce Turnover in the Iowa Child Care Workforce" (2006), Des Moines, Iowa: The Iowa Empowerment Board and Iowa Department of Management; "Who's Caring for Iowa's Children: Early Care and Education Workforce Study 2003," Iowa: Iowa Early Care and Education Professional Development and Iowa State University Extension, December 2003; Head Start PIR data, 2005



Twenty-two percent of all Head Start staff are current or former Head Start or Early Head Start parents.

Helping Iowa Fulfill Its Vision for Early Childhood



In the past three years, the percentage of Head Start children with a medical home jumped 17 percent.

In 2002, representatives from early childhood programs, organizations and initiatives across Iowa developed and agreed to a single vision for the early childhood system in Iowa and results and goals to achieve that vision. Early Childhood Iowa (ECI), a confederation united to develop a more comprehensive and integrated early childhood system for Iowa, has continued this system development work, incorporating health, education and social services that support young children and their families. The following table outlines how Head Start activity has supported the result areas and goals adopted by ECI.

EARLY CHILDHOOD IOWA STRATEGIC RESULTS

Vision: Every child, beginning at birth, will be healthy and successful.

RESULT: HEALTHY CHILDREN

GOALS:	Head Start contribution to goal (2005 figures unless indicated)	Pct change 2002–2005	Pct of Iowans this represents
Increase access to and utilization of social, emotional and mental health services.	Numbers diagnosed and received services: 2138	+7% ↑	1% of all Iowa children 0–5, 8.7% of Iowa children 0–5 in poverty
Increase access to and utilization of preventive health care services	8,682 Head Start children received screenings	+4% ↑	3.8% of all Iowa children 0–5, 35% of Iowa children 0–5 in poverty
Increase the number of children with a medical home	9,093 Head Start children with medical homes	+17% ↑	4% of all Iowa children 0–5, 37% of Iowa children 0–5 in poverty
Increase the number of children with a dental home	8,042 Head Start children with dental homes	+21% ↑	3.5% of all Iowa children 0–5, 33% of Iowa children 0–5 in poverty
Increase the number of children with health care coverage	8,886 Head Start children with health insurance	+8% ↑	3.9% of all Iowa children 0–5, 36% of Iowa children 0–5 in poverty
Increase access to and utilization of prenatal care services	191 pregnant women in Early Head Start <i>56 (27%) of these considered to have medically "high risk" pregnancies</i>	-3% ↓	< 1% of total live births ¹⁵ (7% of pregnancies in Iowa resulted in low birth weights) ¹⁶

continued

ECI STRATEGIC RESULTS, CONTINUED

RESULT: CHILDREN READY TO SUCCEED IN SCHOOL			
GOALS:	Head Start contribution to goal (2005 figures unless indicated)	Pct change 2002–2005	Pct of Iowans this represents
Increase the capacity of schools to be ready to meet the educational needs of all children	N/A	—	—
Increase the level of performance of children in the areas of learning and communication	Pct of Head Start children who are proficient: Learning: 86% ¹⁷ Communication: 71% ¹⁸	From fall 04 to spring 05: ↑ Learning: +27% Communication: +9%	4.3% of all Iowa children 0–5, 33% of Iowa children 0–5 in poverty 3.6% of all Iowa children 0–5, 27% of Iowa children 0–5 in poverty
Increase family capacity to provide a quality early learning environment	4,842 Head Start families received parenting education	+2% ↑	5.8% of all parents with children under 6 ¹⁹
Increase access to affordable quality early learning environments for all children	Provides affordable, high quality preschool (or Early Head Start services) to 9,465 children	+7.3% ↑	5% of all Iowa children 0–5, 38% of Iowa children 0–5 in poverty

RESULT: SECURE AND NURTURING FAMILIES			
GOALS:	Head Start contribution to goal (2005 figures unless indicated)	Pct change 2002–2005	Pct of Iowans this represents
Increase the safety of children in their home environments	666 Head Start families received child abuse and neglect services	+109% ↑	—
Increase positive relationships between children and parents	4,842 Head Start families received parent education	+2% ↑ (increase in % of families served who received parent education)	5.2% of all families with children under 6 ²⁰
Increase the number of families who have sufficient resources to provide a stable home to support the well-being of children	8,930 Head Start families offered resources to provide a stable home	+9% ↑	11% of all families with children under 6
Increase effective opportunities to learn about child development and parenting skills	4,842 Head Start families received parenting education	+2% ↑ (increase in % of families served who received parent education)	5.2% of all families with children under 6 ²¹

continued



Iowa Head Start has made a positive contribution to nearly every Early Childhood Iowa strategic goal.



Head Start provides affordable, high quality preschool (or EHS services) to 8,601 children in center-based programs.

ECI STRATEGIC RESULTS, CONTINUED

RESULT: SAFE AND SUPPORTIVE COMMUNITIES	
GOALS:	Head Start contribution to goal
Increase public engagement and support for families with young children	✚ Many activities encourage parent and staff advocacy and engagement (c.f. Head Start Performance Standards 45 CFR 1304.40(g)). Parent representatives make up the majority of Head Start Policy Councils, are members of the Iowa Head Start Association, and participate in an annual Head Start Parent Leadership training. ²²
Increase workplace commitment to families	✚ More than 20% of Head Start employees (471 of 1,994 total Head Start and Early Head Start staff) are current or former Head Start parents.
Increase community investment in early care, health and education system	✚ Head Start represents a \$51 million contribution toward services for children and families in Iowa, a 4% increase between 2002 and 2005. ²³
Increase the recognition of cultural diversity and promotion of culturally competent practices	✚ Head Start Program Performance Standards require recognition of cultural diversity which is reflected in culturally competent practices with respect to child health and developmental services (45 CFR 1304.20), education (45 CFR 1304.21), child nutrition (45 CFR 1304.23), family partnerships (45 CFR 1304.40) equipment, toys, materials and furniture (45 CFR 1304.53(b)), and children with disabilities (45 CFR 1308.7). Thirty-one percent of children in Head Start are from racial or ethnic minority groups, a drop of 2% since 2002.

RESULT: SECURE AND NURTURING CHILD CARE ENVIRONMENTS			
GOALS:	Head Start contribution to goal (2005 figures unless indicated)	Pct change 2002-2005	Pct of Iowans this represents
Increase the number of high quality child care/early learning environments for <i>all</i> children	Provides affordable, high quality preschool (or Early Head Start services) to 8,601 children in center-based programs ²⁴	+73% ↑	5% of all children (0-4); 38% of all children (0-4) in poverty
Increase parent and community knowledge about quality child care/early learning environments	✚ 4,772 Head Start and Early Head Start children need full-day and/or full-year care because parents work. Thirty percent of these children have their needs met by full day/full year services through Head Start or Early Head Start. The rest use child care, often provided by Head Start through "wrap-around" grants. Head Start provides knowledge about quality child care/early learning environments, sometimes assisting parents in finding such child care.		
Increase parent and community demand for quality child care/early learning environments	✚ Head Start and Early Head Start serve less than 40 percent of eligible children. This creates a demand for more services that are as good as Head Start and Early Head Start.		
Increase the accessibility and affordability of high quality child care/early learning environments for all children	Provides affordable, high quality preschool (or Early Head Start services) to 9,465 children	+7% ↑	5% of all children (0-4); 38% of all children (0-4) in poverty

National Priorities

Head Start is a program of the Administration for Children and Families (U.S. Department of Health and Human Services). ACF has designated the following priorities that its programs are expected to address. Here is a summary of some of the work Head Start in Iowa has accomplished under these priorities during 2005:

Fatherhood. This priority addresses helping men become responsible, committed and involved fathers. Sixteen of Iowa's 18 grantees offer organized and regularly scheduled activities designed to involve fathers or father figures in Head Start. Thirteen provided marriage education services in 2005. The Head Start Association began planning for a statewide fatherhood conference that will take place in November 2006.

Rural Initiative. Head Start has program services in every single Iowa county (except Adair County), including Iowa's five least populated counties: Adams, Ringgold, Wayne, Audubon and Taylor. Head Start's presence in rural communities and its services to rural families strengthen both in all parts of the state. Head Start is often a key part of local early childhood initiatives in rural communities. In Knoxville, Head Start will be part of a new child care facility that opens in 2006. At a state level, a new procedure was established in 2005 so all child care/preschool centers applying for support from Community Development Block Grants and U.S. Department of Agriculture Rural Development funds are reviewed to assure collaboration with local Head Start programs.

Healthy Marriage. Overall, more than 200 families in Iowa Head Start programs have been served by marriage education services. One program, Hawkeye Area Community Action Program (Hiawatha, Iowa) provided a series of marriage support classes to 19 couples (engaged, married, separated and single) in very rural communities using a curriculum based on the Eight Habits of a Successful Marriages.

Good Start, Grow Smart. President Bush's 2002 early childhood initiative placed a number of challenges on Head Start and state early childhood efforts. His "Strengthening Head Start" initiative included implementing the National Reporting System, which has been in place since 2003. Head Start has provided further support to the Iowa Early Learning Standards that were published in 2005 by drafting a companion volume that aligned the standards with the Head Start Child Outcomes Framework and the child assessments of Creative Curriculum and High Scope. At a literacy networking session in 2005, use of scientifically-based literacy strategies were promoted through Iowa's Every Child Reads and other Head Start-supported curriculum. The president's initiative also called for improving numeracy skills, so Iowa Head Start participated in a collaborative training on early childhood mathematics with Doug Clements from University of Buffalo.



Sixteen of Iowa's 18 grantees regularly offer activities to involve fathers or father figures in Head Start.

Head Start Collaborations



Twenty local Community Empowerment Areas reported Head Start as a partner in area-wide collaborations—an increase of 567 percent since 2003!

Developing cooperative relations with partners at a local and state level is how Head Start in Iowa meets its high standards and generates important results for children. In 2005, Head Start increased collaborative efforts in the following areas:

CHILD CARE

The State Collaboration Office worked to increase the number of Head Start families receiving child care assistance. The number of families participating has increased 12 percent since 2001-2002 year. Building on past success of Head Start using child care subsidy dollars through a unique “wrap-around” funding grant, efforts to encourage and expand use were employed and wrap-around grants again increased, this time by 20 percent and included one new grantee participating. Overall, the number of Iowa Head Start or Early Head Start children who received a child care subsidy (including wrap-around) grew by 10 percent since 2002.

The state made preparations in 2005 for the launch of a new Quality Rating System in 2006. Head Start representation helped develop quality scales for the new system.

PROFESSIONAL DEVELOPMENT

Head Start supported and participated in Iowa’s licensed T.E.A.C.H. project. In 2005, five Head Start employees are among the TEACH scholarship recipients representing two Head Start grantees. The State Collaboration Office also collaborated with T.E.A.C.H. to publish a directory of all early childhood degree programs in the state.

IOWA COMMUNITY EMPOWERMENT

The Head Start State Collaboration Office worked hard to support local partnerships between Head Start and Iowa Community Empowerment. These efforts have resulted in increased collaborations with Community Empowerment Areas (CEAs):

- 19 percent (11 of 58) of CEAs were purchasing additional slots in Head Start preschools for over-income or children on waiting lists for placement
- 43 percent (25) of CEAs referenced Head Start data in their report (an increase of 20 CEAs or 400% from 2003)
- 7 percent (4) of CEAs have launched or maintained a joint classroom with Head Start
- 41 percent (24) of CEAs provided a variety of services that supported Head Start children and families (e.g. transportation, literacy, referrals, staff training, oral health, lead screening, etc.) (an increase of 15 CEAs or 167% from 2003)
- 22 percent (13) of CEAs provided funding to expand the Head Start day or year (an increase of 10 CEAs or 333% from 2003)
- 34 percent (20) of CEAs reported Head Start as a partner in area-wide collaborations for children (an increase of 17 CEAs or 567% since 2003)
- \$542,373 of Early Childhood funds controlled by CEAs were spent on services linked to Head Start. This support came from 9 CEAs (16%) and accounts for 8 percent of the total Early Childhood funds, a 20 percent increase over 2004
- 41 percent of the 58 Community Empowerment Areas had Head Start/Community Action representation

PUBLIC SCHOOLS

Forty-three of Iowa’s 367 school districts have Head Start classrooms and serve 1,418 children.²⁵ Iowa Head Start agencies have formal agreements to coordinate services with 84 Local Education Agencies (or Area Education Agencies) and 151 formal agreements with school districts to coordinate transition services for children and families.

The Iowa Head Start Association joined with a broad coalition to support a new funding for a pre-kindergarten initiative. Many Head Start classrooms are supporting the Iowa Quality Preschool Program Standards that were released in 2005 by the Iowa Department of Education.

EARLY CHILDHOOD SPECIAL EDUCATION

In 2005, Iowa was invited to be one of four states to develop and implement a plan for closer cooperation among Part C and Part B (619) projects, Head Start and Child Care. The State Collaboration Office was involved with the implementation of the "Expanding Iowa Early Inclusive Opportunities" action plan that was developed in alignment with the State of Iowa's Individuals with Disabilities in Education Act (IDEA) six-year plan. The plan focuses on increasing the number of children with disabilities served in least restricted environments (LRE). An analysis of PIR data shows the percentage of children with disabilities served by Iowa remains consistent at 13 percent. Approximately 20 percent of preschool children with disabilities who are being served under IDEA are enrolled in Head Start programs. Both figures resemble national percentages.

HEALTH

Regular meetings with the Child Health Advocacy Team of the Iowa Department of Public Health has meant a dramatic increase in information provided directly to Head Start agencies about state policies, practices, information and events. These issues represents a broad array of health issues including early childhood mental health, Healthy Child Care Iowa, Early Hearing Detection and Intervention, Lead Screening, Oral Health, Women, Infants and Children (WIC), Nutrition, Early Periodic Screening, Detection and Treatment (EPSDT) among others.

ORAL HEALTH

The Head Start/Early Head Start Oral Health Work Group, convened by the State Collaboration Office, implemented the Healthy Smiles initiative in 2005. The project achieved its main objectives:

- Developed oral health training materials for home visitors to use with parents, including 17 mini-modules, and a full-color flip chart for presenting basic oral health information to parents. The flip chart is now being used by other states.
- Selected and trained 13 oral health specialists to conduct workshops across the state. They, in turn, trained 600 family workers.
- Created the EHS/Head Start Child Outcome Documentation System

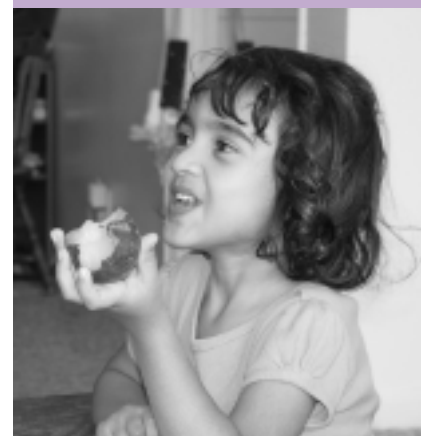
Using the data from the documentation system, the project determined it had made a significant change in parent behavior, increasing the incidents of positive oral health practices. For example:

- Parents able to identify the three causes of cavities (increased 11%: pre 80% vs. post 91%)
- Parents conduct monthly "lift the lip" screening (increased 32%: 36% vs. 91%)
- Child received fluoride varnish treatments (increased 8%: 46% vs. 54%)
- Parents clean/brush child's teeth morning and night (increased 10%: 83% vs. 73%)
- Family practices appropriate nursing/bottle feeding (increased 4%: 85% vs. 81%)
- Family avoids grazing on chips and cookies (increased 9%: 75% vs. 66%)

The work group continued to promote five key oral health protocols to Head Start health specialists and in the Iowa Community Empowerment newsletter. The protocols were developed in cooperation with Iowa's Oral Health Bureau. It also developed 500 oral health information packets that were distributed at numerous workshops conducted during state child care conferences.

COMMUNITY ACTION AGENCIES

Collaborations with Community Action Agencies included a wide-range of activities in 2005 conducted under the Supplemental funding to the State Collaboration Grant. The grant supported enhanced relations between the Iowa Community Action Association (ICAA) and the Iowa Head Start Association (IHSA) by engaging in three joint projects: 1) creating responsive T/TA services for community action agencies; 2) launching an anti-poverty initiative; 3) creating a joint advocacy agenda. The State Collaboration Office also initiated a series of meetings between Head Start family support workers and the family development specialist working with the state's Family Development and Self-Sufficiency program.



Through the Oral Health Work Group, 13 oral health specialists conducted workshops across the state and trained 600 family workers.

Iowa Head Start: Strengthening the Future



Head Start celebrated its 40th Anniversary with a fitting theme: "Honoring the Past, Strengthening the Future." We hope this annual report has honored the important work Head Start has accomplished in Iowa in 2005. When we look to the future, we see the challenge of maintaining the high standards and living up to the achievements of the past. We also see the state taking on new leadership with a new governor to be elected in November 2006. The Iowa Head Start Association is eager to work with new leadership in supporting:

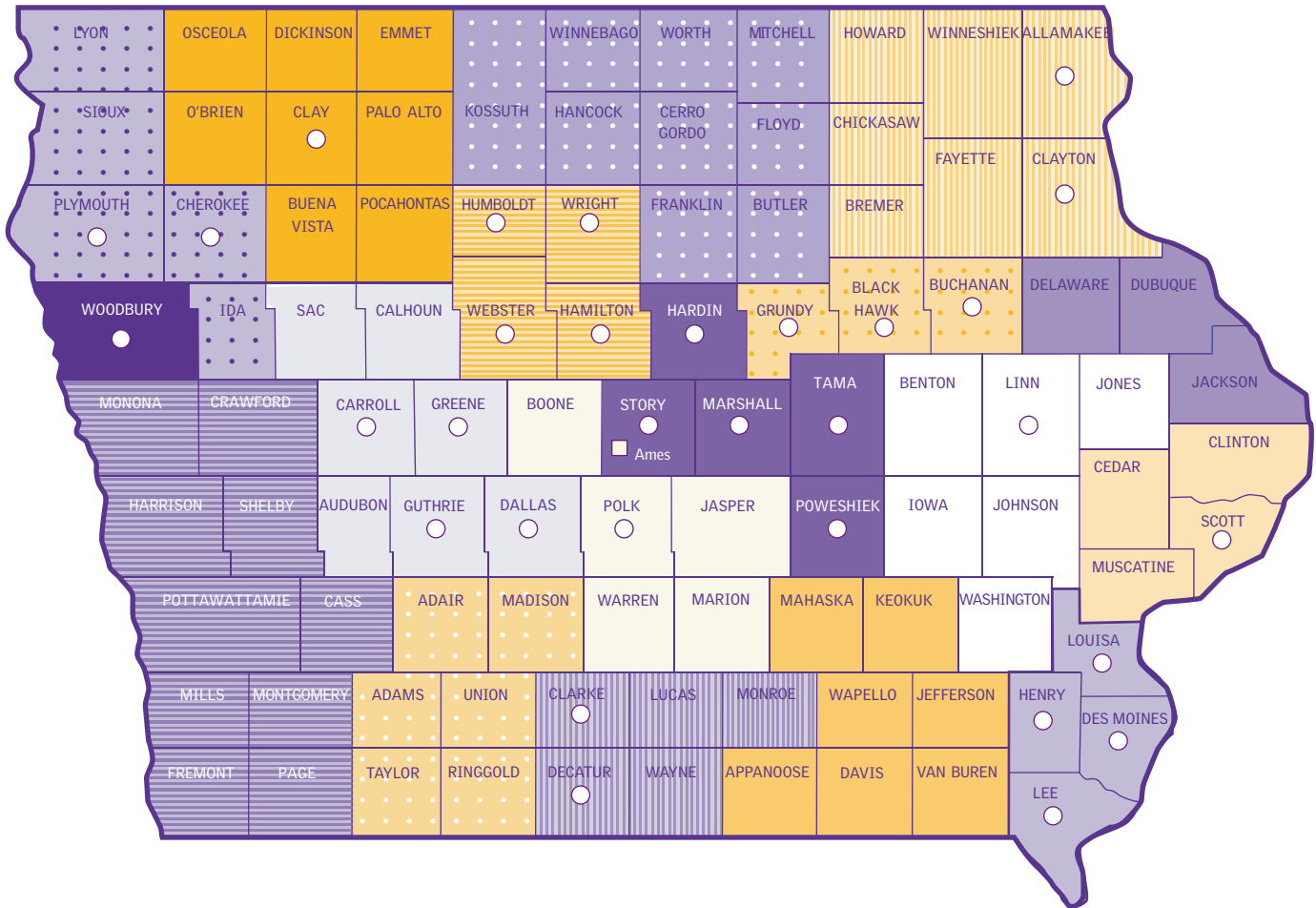
- Increase support for high quality preschool experiences, especially in partnership with Head Start to leverage its successful record of achievement
- Increase child care quality, affordability and availability
- Create a health delivery system in Iowa—building on or changing Iowa's current Medicaid and hawk-i programs—that ensures children receive the primary, preventive, and comprehensive health services they need
- Improve access to address the mental health needs of young children across the state
- Address poverty and its effect on children, including further changes to Iowa's welfare system and supports for working families of low-income
- Address current disparities in outcomes for children of color, ensure culturally competent services, and support Iowa's growing diverse population
- Supporting policies and practices that incorporate the principle of inclusion so that children with disabilities can live with their families and be educated with their peers

Iowa Head Start is poised to serve the children and families of the state and looks forward to continuing to do so for many years to come, providing them with the highest quality educational building blocks, as well as the health and social services they need in order to be ready to succeed in school—the best possible head start in life.

ENDNOTES

1. Administration for Children and Families (2005), Head Start Impact Study: First Year Findings, Washington D.C.: Author.
2. See <http://www.acf.hhs.gov/programs/hsb/research/2006.htm>.
3. U.S. Department of Health and Human Services: Office of Inspector General. Prepared by James Crall, Report No. OEI-0993-00240.1996. Report on Children's Dental Services under Medicaid; Access and Utilization. Washington, D.C.
4. Crall, James. 2004. Policy and Program Considerations for Improving Oral Health in EHS/Head Start, Washington, D.C.: Head Start - Maternal and Child Health Bureau Intra-Agency-Agreement Meeting.
5. Irish, et al. (2004), op cit.
6. See Iowa Department of Public Health (2006), "2006 Public Sector Immunization Assessment," and "Immunization Audit 2005-2006 School Year."
7. Karoly, L.A., Greenwood, P.W., Everingham, S. S., Houbé, J. M., Kilburn, R., Rydell, P., Sanders, M. Chiesa, J. (1998) Investing in Our Children, Santa Monica, CA: The Rand Corporation. A U.S. House of Representative panel found early intervention to be effective with respect to reading difficulties, (Special Education Report (2003), House Panel: Early Action Defrays Special Ed Costs, Special Education Report, Vol. 29 Issue 4, New York, NY: Aspen Publications, 7)
8. Hegland, Susan, and Oesterreich, Lesia (2005) "Observed Quality in Iowa Classrooms Serving Preschoolers with IEPs: A Report to the Iowa Department of Education," unpublished report
9. See "Connecting the Iowa Preschool Early Learning Standards with Head Start Child Outcomes Framework and Curriculum-based Assessments" (2006) available from the Iowa Head Start Association.
10. Iowa Head Start Outcomes Summary for the 2003-2004 School Year (2004). This analysis is based on data from Creative Curriculum fall and spring assessments of children. The results are from enrolled children of all ages (3 to 5 year-olds) in seven Head Start programs in Iowa (n=2937) with proficiency defined as being a Step II or Step III on the assessment continuum. Creative Curriculum's developmental continuum provides 50 separate assessment items which have been arranged under the eight Head Start domains and aggregated for a single composite score. For example, "Literacy" includes such items as "uses tools for writing and drawing," "hears and discriminates the sounds of language," "enjoys and values reading," "demonstrates understanding of print concepts," "demonstrates knowledge of the alphabet," "uses emerging reading skills to make meaning from print" and "writes letters and words." Mathematics includes "classifies objects," "compares/measures," "arranges objects in a series," "recognizes patterns and can repeat them," "shows awareness of time concepts and sequence," "uses one-to-one correspondence," "uses numbers and counting." These items align well with the Iowa Early Learning Standards with over 90 percent overlap in five of the six items.
11. Levels of proficiency in the National Reporting System (NRS) were determined using the state reports. Those reports clustered findings into six levels. What is reported here are the top two levels, which the NRS defines as "well" and "fairly well."
12. Kontos, S. and Wilcoz-Herzog, A. (2001). How do education and experience affect teachers of young children? *Young Children*, 56, 85-91.
13. Iowa State University, "Benefits, Rewards & Support: Incentives to Build Quality & Reduce Turnover in the Iowa Child Care Workforce" (2006), Des Moines, Iowa: The Iowa Empowerment Board and Iowa Department of Management
14. Head Start PIR Data, 2005.
15. Iowa Department of Public Health, 2004 Vital Statistics of Iowa, Des Moines, IA: author.
16. Ibid.
17. Based on National Reporting System data for Early Math Skills and Letter Naming
18. Based on National Reporting System data for Understands Spoken English and Vocabulary
19. U.S. Census 2000
20. Ibid.
21. Ibid.
22. Because of the comprehensive monitoring procedures of Head Start, these activities can be asserted as taking place within Head Start agencies in full compliance of the Head Start Program Performance Standards and integrated within the operational procedures of these agencies. Head Start Program Performance Standards are the legal requirements of what Head Start agencies must do. Every Head Start provides an annual written report about how they address the standards and receive an on-site monitoring visit every three years. The Program Review Instrument for System Monitoring (PRISM) provides the guidance for what monitoring visits should cover and how local programs should be assessed. Both are available on line: Performance Standards at <http://www.acf.hhs.gov/programs/hsb/performance/#pdf> and the PRISM document at http://www.headstartinfo.org/publications/PRISM_2006/index.htm.
23. Head Start Program Fact Sheet, Fiscal Year 2006. Available at <http://www.acf.hhs.gov/programs/hsb/research/2006.htm>.
24. Programs meeting the Head Start Program Performance Standards are considered "high quality" for the purposes of calculating Iowa's goal that 90 percent of 3 and 4 year-olds children have access to a high quality preschool. For more information, see <http://www.resultsiowa.org/gleduc.html>.
25. Iowa Department of Education, Basic Educational Data Survey (BEDS), 2003.

Head Start Programs in Iowa



Agency Providing Programs	Headquarters	Phone
Community Action of Eastern Iowa	Davenport	563-324-3236
Community Action of Siouxland	Sioux City	712-274-1610
Community Action of Southeast Iowa	Burlington	319-753-0193
Community Opportunities, Inc.	Carroll	712-792-9266
Drake University Head Start	Des Moines	515-271-1854
Hawkeye Area Comm. Action Prog., Inc.	Hiawatha	319-393-7811
Matura Action Corporation	Creston	641-782-8431
Mid-Iowa Community Action Inc.	Marshalltown	641-752-7162
Mid-Sioux Opportunity, Inc.	Remsen	712-786-2001
North Iowa Community Action Organization	Mason City	641-494-1891
Northeast Iowa Community Action Corp.	Decorah	563-382-8436
Operation New View Head Start	Dubuque	563-556-5130
South Central Iowa Comm. Action Program	Leon	641-446-4155
Southern Iowa Economic Dev. Association	Ottumwa	641-682-8741
Tri-County Head Start	Waterloo	319-235-0383
Upper Des Moines Opportunities, Inc.	Graettinger	1-800-245-6151
West Central Development Corporation	Moorhead	712-886-5218
Your Own United Resources, Inc.	Fort Dodge	515-573-2453

○ Denotes Early Head Start offered; all others provide Head Start only.



Iowa Head Start Association
c/o Dianne Casto, President
Head Start Director
North Iowa Community Action Organization
P.O. Box 1627
Mason City, IA 50402
tel 641-494-1891
email dcasto@nicao-online.org
www.iowaheadstart.org

**Iowa Head Start State
Collaboration Office**
Iowa Department of Education
Grimes State Office Building
Grand Ave. and E. 14th Street
Des Moines, IA 50319
tel 515-242-6024
fax 515-242-6018
email tom.rendon@iowa.gov
www.state.ia.us/educate/ecese/cfcs/headstart/index.html